

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 572232

FILING DATE

3-31-86

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2		1		
4		1		1		
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
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43	1		1			
44		1	1			
45		1	1			
46		1	1			
47		1	1			
48		1	1			
49		1	1			
50		1	1			
TOTAL IND.			44			
TOTAL DEP.			34			
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

OBW